

## **Public Safety AED Service Provider Program Application**

To apply for approval as a public safety AED service provider, the following documents/information must be submitted to the LA County EMS Agency:

- ☐ Curriculum Vitae (resume) of Program Coordinator
- ☐ Training materials including:
  - Curriculum to be used if other than AHA, ARC or POST
  - Documentation to be used for orientation and training for specific AED device(s)
  - Skill/training/testing sheet if other than AHA, ARC or POST
- ☐ Departmental policy and procedures pertaining to AED Program which should include:
  - Internal response and operational plan
  - AED event procedures
  - CPR/AED initial training and retraining requirements
  - Frequency of checking authorized users competency skills
  - Maintenance of equipment/devices
  - Data collection for quality assurance and annual report
- ☐ AED skill competency check list
- ☐ AED response form (if other LA County EMS Agency form)
- ☐ AED maintenance check list
- ☐ Letter of intent to include items listed in LA County Reference No. 413.

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**Return completed application and required documentation to:**

**Los Angeles County EMS Agency  
Attn: AED Program Coordinator  
10100 Pioneer Blvd, Suite 200  
Santa Fe Springs, CA 90670  
Phone: (562) 347-1633**

## Public Safety AED Service Provider Program Application

Name of Provider			
Address		City	Zip Code
Program Coordinator			Title
Phone (       )		Email	
<b>AED Manufacturer</b> <input type="checkbox"/> Cardiac Science <input type="checkbox"/> Defibtech or Cintas <input type="checkbox"/> Heartsine <input type="checkbox"/> Medtronic <input type="checkbox"/> Philips <input type="checkbox"/> Welch Allyn <input type="checkbox"/> Zoll <input type="checkbox"/> Other - _____		<b>Model</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Powerheart  <input type="checkbox"/> Lifeline  <input type="checkbox"/> Samaritan  <input type="checkbox"/> Lifepak 1000  <input type="checkbox"/> FRx  <input type="checkbox"/> AED 10  <input type="checkbox"/> AED plus  <input type="checkbox"/> _____ </div> <div style="width: 33%;"> <input type="checkbox"/> G3 pro  <input type="checkbox"/> Reviver (DDU-100)  <input type="checkbox"/> Samaritan PAD  <input type="checkbox"/> Lifepak CR Plus  <input type="checkbox"/> FR2+  <input type="checkbox"/> AED 20  <input type="checkbox"/> AED pro  <input type="checkbox"/> _____ </div> <div style="width: 33%;"> <input type="checkbox"/> G3 Plus  <input type="checkbox"/> G3 Automatic  <input type="checkbox"/> On-Site  <input type="checkbox"/> M Series  <input type="checkbox"/> E Series </div> </div>	
Total Number of AEDs		Location of AEDs (patrol vehicles, ambulances, etc)	
Provider response area			<b>Pediatric equipment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Frequency of checking AED</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		<b>AED Response form</b> <input type="checkbox"/> County EMS <input type="checkbox"/> Self Designed	
<b>Curriculum</b> <input type="checkbox"/> American Heart Association <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other _____ (must submit training material for approval)			
<b>Frequency of checking individual AED skill proficiency</b> <input type="checkbox"/> Annually <input type="checkbox"/> Every 6 months <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____			

Completed by : \_\_\_\_\_ / \_\_\_\_\_  
(Print name) (Signature)

Title: \_\_\_\_\_